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CONFIRMATION NO. 7359

|  |   |                                      |   |   |                                |
|--|---|--------------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/539,356   | <b>FILING OR 371(c) DATE</b><br>06/15/2005<br><b>RULE</b>   | <b>CLASS</b><br>369                  | <b>GROUP ART UNIT</b><br>2655   | <b>ATTORNEY DOCKET NO.</b><br>NL 031452 |                                |
| <b>APPLICANTS</b><br>Yu Zhou, Singapore, SINGAPORE;  |   |                                      |   |   |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/IB03/06022 12/16/2003  |   |                                      |   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>SINGAPORE PCT/SG02/00304 12/19/2002  |   |                                      |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>SINGAPORE | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>13               | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>24737  |   |                                      |   |   |                                |
| <b>TITLE</b><br>Disc drive with improved resistance against mechanical shocks  |   |                                      |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>900  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                      | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |